# ARIZONA CORPORATION COMMISSION UTILITIES DIVISION

#### ANNUAL REPORT MAILING LABEL - MAKE CHANGES AS NECESSARY



W-02821A Double R Water Distributors Inc. 1515 N Lake Havasu Ave., Ste 100 Lake Havasu City, AZ 86404



# ANNUAL REPORT COMM

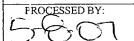
### FOR YEAR ENDING

12 31 2006

FOR COMMISSION USE

ANN 04

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SCANNED

#### **COMPANY INFORMATION**

| Company Name (Business Name)                             | Double R Water I            | listributors, Inc.                        |
|----------------------------------------------------------|-----------------------------|-------------------------------------------|
| Mailing Address 1515 N. Le                               | ake Havasu Ave              | Suite 100                                 |
| Mailing Address 1515 N. La<br>Lake Havasu City<br>(City) | AZ                          | 86404                                     |
| (City)                                                   | (State)                     | (Zip)                                     |
|                                                          | 928 - 854 - 6368            |                                           |
| Telephone No. (Include Area Code)                        | Fax No. (Include Area Code) | Pager/Cell No. (Include Area Code)        |
| Email Address doubler @ C                                | citlink, net                |                                           |
| Local Office Mailing Address                             | Me                          |                                           |
|                                                          | Street)                     |                                           |
| (City)                                                   | (State)                     | (Zip)                                     |
| Total Office Wile dear No. (Total de Asso Code)          | E. W. W. L. L. C. L.        |                                           |
| Local Office Telephone No. (Include Area Code)           | Fax No. (Include Area Code) | Pager/Cell No. (Include Area Code)        |
| Email Address                                            |                             |                                           |
|                                                          |                             |                                           |
| MAN                                                      | AGEMENT INFORMATION         | <u>ON</u>                                 |
|                                                          |                             |                                           |
| Management Contact: Todd                                 | R. Bremner                  | V, P.                                     |
| ISIS II I I I I I I I I I I I I I I I I                  | (Name)                      | (Title)                                   |
| (Street)                                                 | (City)                      | Lake Havesy City AZ 8646<br>(State) (Zip) |
| 928 - 854 - 8800                                         |                             |                                           |
| Telephone No. (Include Area Code)                        | Fax No. (Include Area Code) | Pager/Cell No. (Include Area Code)        |
| Email Address doubler a                                  | citlink, net                |                                           |
| On Site Manager: Took R.                                 | Bremner                     |                                           |
|                                                          |                             |                                           |
| 1515 N. Lake Havasu Ave                                  | . Suite 100 Lake Ho         | Wash City A7 86404                        |

Please mark this box if the above address(es) have changed or are updated since the last filing.

doubler@ citlink.net

(City)

928 - 854 - 6368 Fax No. (Include Area Code) (State)

(Street)

Email Address

928 - 854 - 8800 Telephone No. (Include Area Code) (Zip)

Pager/Cell No. (Include Area Code)

| Statutory Agent: Todd R. Brenner (Name)                      |                                      |                                    |  |  |  |  |  |  |
|--------------------------------------------------------------|--------------------------------------|------------------------------------|--|--|--|--|--|--|
| <b>{</b>                                                     |                                      |                                    |  |  |  |  |  |  |
| 515 N. Lake Havasy Ave                                       | , Suite 100 Lake Havas               | Su City AZ 86404                   |  |  |  |  |  |  |
| ,                                                            |                                      | • • •                              |  |  |  |  |  |  |
| <u>128 – 854 – 8800</u><br>Telephone No. (Include Area Code) | 928-854-6368                         | Pager/Cell No (Include Area Code)  |  |  |  |  |  |  |
|                                                              |                                      | rager cen No. (mende Area Code)    |  |  |  |  |  |  |
| Altorney: Fennemore C                                        | raig P.C.                            |                                    |  |  |  |  |  |  |
|                                                              |                                      | 7 2-1-                             |  |  |  |  |  |  |
| 3003 N. Central Ave, Su (Street)                             | (City) Thoeny F                      | (State) (Zip)                      |  |  |  |  |  |  |
| · ·                                                          | • • •                                | (oute) (zip)                       |  |  |  |  |  |  |
| 60Z - 916 - 5366  Telephone No. (Include Area Code)          | Fax No. (Include Area Code)          | Pager/Cell No. (Include Area Code) |  |  |  |  |  |  |
|                                                              |                                      |                                    |  |  |  |  |  |  |
| Please mark this box if the above a                          | ddrass(as) have changed or are n     | ndated since the lest filing       |  |  |  |  |  |  |
| I lease mark this box if the above a                         | duress(es) have changed of are it    | poated since the fast fining.      |  |  |  |  |  |  |
| <u>OW</u>                                                    | NERSHIP INFORMATION                  | <u>N</u>                           |  |  |  |  |  |  |
| Check the following box that applies to                      | your company:                        |                                    |  |  |  |  |  |  |
| Sole Proprietor (S)                                          | X C Corporation (C)                  | (Other than Association/Co-op)     |  |  |  |  |  |  |
| Partnership (P)                                              | Subchapter S Corp                    | ooration (Z)                       |  |  |  |  |  |  |
| Bankruptcy (B)                                               | Association/Co-op                    | (A)                                |  |  |  |  |  |  |
| Receivership (R)                                             | Limited Liability (                  | Company                            |  |  |  |  |  |  |
| Other (Describe)                                             |                                      |                                    |  |  |  |  |  |  |
|                                                              | COUNTIES SERVED                      |                                    |  |  |  |  |  |  |
|                                                              | COUNTED SERVED                       | ·                                  |  |  |  |  |  |  |
| Check the box below for the county/ies i                     | n which you are certificated to prov | vide service:                      |  |  |  |  |  |  |
| □ АРАСНЕ                                                     | ☐ COCHISE                            |                                    |  |  |  |  |  |  |
| ☐ GILA                                                       | ☐ GRAHAM                             | GREENLEE                           |  |  |  |  |  |  |
| ☐ LA PAZ                                                     | ☐ MARICOPA                           | <b>MOHAVE</b>                      |  |  |  |  |  |  |
| ☐ NAVAJO                                                     | ☐ PIMA                               | ☐ PINAL                            |  |  |  |  |  |  |
| SANTA CRUZ                                                   | ☐ YAVAPAI                            | ☐ YUMA                             |  |  |  |  |  |  |
| ☐ STATEWIDE                                                  |                                      |                                    |  |  |  |  |  |  |

## UTILITY PLANT IN SERVICE

| Acct. |                                        | Original  | Accumulated       | O.C.L.D.     |
|-------|----------------------------------------|-----------|-------------------|--------------|
| No.   | DESCRIPTION                            | Cost (OC) | Depreciation (AD) | (OC less AD) |
| 301   | Organization                           | 45        |                   |              |
| 302   | Franchises                             |           |                   |              |
| 303   | Land and Land Rights                   |           |                   |              |
| 304   | Structures and Improvements            |           |                   |              |
| 307   | Wells and Springs                      |           |                   |              |
| 311   | Pumping Equipment                      |           |                   |              |
| 320   | Water Treatment Equipment              |           |                   |              |
| 330   | Distribution Reservoirs and Standpipes | 98        |                   |              |
| 331   | Transmission and Distribution Mains    | 900       |                   |              |
| 333   | Services                               |           |                   |              |
| 334   | Meters and Meter Installations         | 600       |                   |              |
| 335   | Hydrants                               |           |                   |              |
| 336   | Backflow Prevention Devices            | 5900      |                   |              |
| 339   | Other Plant and Misc. Equipment        |           |                   |              |
| 340   | Office Furniture and Equipment         | 5232      |                   |              |
| 341   | Transportation Equipment               |           |                   |              |
| 343   | Tools, Shop and Garage Equipment       | 1115      |                   |              |
| 344   | Laboratory Equipment                   |           |                   |              |
| 345   | Power Operated Equipment               |           |                   |              |
| 346   | Communication Equipment                |           |                   |              |
| 347   | Miscellaneous Equipment                |           |                   |              |
| 348   | Other Tangible Plant                   |           |                   |              |
|       | TOTALS                                 | 13,890    |                   |              |

This amount goes on the Balance Sheet Acct. No. 108-

## **CALCULATION OF DEPRECIATION EXPENSE FOR CURRENT YEAR**

| Acct.<br>No. | DESCRIPTION                            | Original<br>Cost (1) | Depreciation<br>Percentage<br>(2) | Depreciation Expense (1x2) |
|--------------|----------------------------------------|----------------------|-----------------------------------|----------------------------|
| 301          | Organization                           | 45                   |                                   |                            |
| 302          | Franchises                             |                      |                                   |                            |
| 303          | Land and Land Rights                   |                      |                                   |                            |
| 304          | Structures and Improvements            |                      |                                   |                            |
| 307          | Wells and Springs                      |                      |                                   |                            |
| 311          | Pumping Equipment                      |                      |                                   |                            |
| 320          | Water Treatment Equipment              |                      |                                   |                            |
| 330          | Distribution Reservoirs and Standpipes | 98                   |                                   |                            |
| 331          | Transmission and Distribution Mains    | 900                  |                                   |                            |
| 333          | Services                               |                      |                                   |                            |
| 334          | Meters and Meter Installations         | 600                  |                                   |                            |
| 335          | Hydrants                               |                      |                                   |                            |
| 336          | Backflow Prevention Devices            |                      |                                   |                            |
| 339          | Other Plant and Misc. Equipment        | 5900                 |                                   |                            |
| 340          | Office Furniture and Equipment         | 5232                 |                                   |                            |
| 341          | Transportation Equipment               |                      |                                   |                            |
| 343          | Tools, Shop and Garage Equipment       | 1115                 |                                   |                            |
| 344          | Laboratory Equipment                   |                      |                                   |                            |
| 345          | Power Operated Equipment               |                      |                                   |                            |
| 346          | Communication Equipment                |                      |                                   |                            |
| 347          | Miscellaneous Equipment                |                      |                                   |                            |
| 348          | Other Tangible Plant                   |                      |                                   |                            |
|              | TOTALS                                 | 13,890               | 0                                 |                            |

This amount goes on the Comparative Statement of Income and Expense \_\_\_\_\_\_Acct. No. 403.

## **BALANCE SHEET**

| Acct<br>No. |                                             | 1  | BALANCE AT<br>EGINNING OF | В  | ALANCE AT<br>END OF |
|-------------|---------------------------------------------|----|---------------------------|----|---------------------|
|             | ASSETS                                      |    | YEAR                      |    | YEAR                |
|             | CURRENT AND ACCRUED ASSETS                  |    |                           |    |                     |
| 131         | Cash                                        | \$ | 6378                      | \$ | 2184                |
| 134         | Working Funds                               |    |                           |    |                     |
| 135         | Temporary Cash Investments                  |    |                           |    |                     |
| 141         | Customer Accounts Receivable                |    |                           |    |                     |
| 146         | Notes/Receivables from Associated Companies |    |                           |    |                     |
| 151         | Plant Material and Supplies                 |    |                           |    |                     |
| 162         | Prepayments                                 |    |                           |    |                     |
| 174         | Miscellaneous Current and Accrued Assets    |    |                           |    |                     |
| <u>.</u>    | TOTAL CURRENT AND ACCRUED ASSETS            | \$ | 6378                      | \$ | 2184                |
|             | FIXED ASSETS                                |    |                           |    |                     |
| 101         | Utility Plant in Service                    | \$ |                           | \$ |                     |
| 103         | Property Held for Future Use                |    | 561                       |    | 13,890              |
| 105         | Construction Work in Progress               |    | 64,015                    |    | 64,015              |
| 108         | Accumulated Depreciation – Utility Plant    |    |                           |    |                     |
| 121         | Non-Utility Property                        |    |                           |    |                     |
| 122         | Accumulated Depreciation – Non Utility      |    |                           |    |                     |
|             | TOTAL FIXED ASSETS                          | \$ |                           | \$ |                     |
|             | TOTAL ASSETS                                | \$ | 70,954                    | \$ | 80,089              |

NOTE: The Assets on this page should be equal to Total Liabilities and Capital on the following page.

## BALANCE SHEET (CONTINUED)

| Acct.             |                                                   | BALANCE AT<br>BEGINNING OF | BALANCE AT<br>END OF |
|-------------------|---------------------------------------------------|----------------------------|----------------------|
|                   | LIABILITIES                                       | YEAR                       | YEAR                 |
|                   | CURRENT LIABILITES                                |                            |                      |
| 231               | Accounts Payable                                  | \$                         | \$                   |
| $\frac{231}{232}$ | Notes Payable (Current Portion)                   |                            | Ψ                    |
| 234               | Notes/Accounts Payable to Associated Companies    | 3                          |                      |
| 235               | Customer Deposits                                 |                            |                      |
| 236               | Accrued Taxes                                     |                            |                      |
| 237               | Accrued Interest                                  |                            |                      |
| 241               | Miscellaneous Current and Accrued Liabilities     |                            |                      |
|                   | TOTAL CURRENT LIABILITIES                         | \$                         | \$                   |
|                   | LONG TERM DEPT (One 12 Months)                    |                            |                      |
| 224               | LONG-TERM DEBT (Over 12 Months)                   | <u>\$</u> 82,639           | \$ 95,006            |
| 224               | Long-Term Notes and Bonds                         | \$ 02,037                  | 3,3,400              |
| <del></del>       | DEFERRED CREDITS                                  |                            |                      |
| 251               | Unamortized Premium on Debt                       | \$                         | \$                   |
| 252               | Advances in Aid of Construction                   |                            |                      |
| 255               | Accumulated Deferred Investment Tax Credits       |                            |                      |
| 271               | Contributions in Aid of Construction              |                            |                      |
| 272               | Less: Amortization of Contributions               |                            |                      |
| 281               | Accumulated Deferred Income Tax                   |                            |                      |
|                   | TOTAL DEFERRED CREDITS                            | \$                         | \$                   |
|                   | TOTAL LIABILITIES                                 | \$ 82,639                  | \$ 95,006            |
|                   | CAPITAL ACCOUNTS                                  |                            |                      |
| 201               | Common Stock Issued                               | \$ 1,000                   | \$ 1,000             |
| $\frac{201}{211}$ | Paid in Capital in Excess of Par Value            | 1,500                      | 1,500                |
| $\frac{211}{215}$ | Retained Earnings                                 | (14,185)                   | (17,417)             |
| $\frac{213}{218}$ | Proprietary Capital (Sole Props and Partnerships) | (-,,-00)                   |                      |
| 2.10              | TOTAL CAPITAL                                     | \$ (11,865)                | \$(14,917)           |
|                   |                                                   |                            |                      |
|                   | TOTAL LIABILITIES AND CAPITAL                     | \$ 70,954                  | \$ 80,089            |

## COMPANY NAME Date R Water Distributors, Inc.

## COMPARATIVE STATEMENT OF INCOME AND EXPENSE

| Acct.                                 | OPERATING REVENUES                        | PRIOR YEAR | CURRENT YEAR |
|---------------------------------------|-------------------------------------------|------------|--------------|
| 461                                   | Metered Water Revenue                     | \$         | \$           |
| 460                                   | Unmetered Water Revenue                   |            |              |
| 474                                   | Other Water Revenues                      | 700        | 250          |
|                                       | TOTAL REVENUES                            | \$ 700     | \$ 250       |
|                                       | OPERATING EXPENSES                        |            |              |
| 601                                   | Salaries and Wages                        | \$         | \$           |
| 610                                   | Purchased Water                           |            |              |
| 615                                   | Purchased Power                           | 827        | 7689         |
| 618                                   | Chemicals                                 |            |              |
| 620                                   | Repairs and Maintenance                   | 161        |              |
| 621                                   | Office Supplies and Expense               | 780        |              |
| 630                                   | Outside Services                          |            | 2945         |
| 635                                   | Water Testing                             |            |              |
| 641                                   | Rents                                     |            |              |
| 650                                   | Transportation Expenses                   |            |              |
| 657                                   | Insurance - General Liability             |            |              |
| 659                                   | Insurance - Health and Life               |            |              |
| 666                                   | Regulatory Commission Expense - Rate Case |            |              |
| 675                                   | Miscellaneous Expense                     | 27         | 1987         |
| 403                                   | Depreciation Expense                      |            |              |
| 408                                   | Taxes Other Than Income                   | 45         | 166          |
| 408.11                                | Property Taxes                            |            |              |
| 409                                   | Income Tax                                | 45         | 45           |
|                                       | TOTAL OPERATING EXPENSES                  | \$ 1,185   | \$ 12,832    |
|                                       | OPERATING INCOME/(LOSS)                   | \$ (1,185) | \$ (12,582)  |
| · · · · · · · · · · · · · · · · · · · | OTHER INCOME/(EXPENSE)                    |            |              |
| 419                                   | Interest and Dividend Income              | \$         | \$           |
| 421                                   | Non-Utility Income                        |            | 9349         |
| 426                                   | Miscellaneous Non-Utility Expenses        |            |              |
| 427                                   | Interest Expense                          |            |              |
|                                       | TOTAL OTHER INCOME/(EXPENSE)              | \$ 0_      | \$ 9349      |
|                                       | NET INCOME/(LOSS)                         | \$ (1,185) | \$ (3,233)   |

| COMPANY NAME | Double R | Water Distributors 1 | nc.                                     |
|--------------|----------|----------------------|-----------------------------------------|
|              |          |                      | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |

## SUPPLEMENTAL FINANCIAL DATA Long-Term Debt

|                        | I   | OAN # | 1           | L  | OAN# | 2 | I  | JOAN #3 | } | ]  | LOAN # | 4 |
|------------------------|-----|-------|-------------|----|------|---|----|---------|---|----|--------|---|
| Date Issued            |     |       |             |    |      |   |    |         |   |    |        |   |
| Source of Loan         |     |       | <del></del> |    |      |   |    |         |   |    |        |   |
| ACC Decision No.       |     |       |             |    |      |   |    |         |   |    |        |   |
| Reason for Loan        |     |       |             |    |      |   |    |         |   |    |        |   |
| Dollar Amount Issued   | \$  |       |             | \$ |      |   | \$ |         |   | \$ |        |   |
| Amount Outstanding     | \$_ |       |             | \$ |      |   | \$ |         |   | \$ |        |   |
| Date of Maturity       |     |       |             |    |      |   |    |         |   |    |        |   |
| Interest Rate          |     |       | %           |    |      | % |    |         | % |    |        | % |
| Current Year Interest  | \$  |       |             | \$ |      |   | \$ |         |   | \$ |        |   |
| Current Year Principle | \$  | 0     | 1           | \$ | 0    |   | \$ | 0       |   | \$ | 0      |   |

| Meter Deposit Balance at Test Year End       | \$<br>0 |  |
|----------------------------------------------|---------|--|
| Meter Deposits Refunded During the Test Year | \$<br>0 |  |

| COMPANY NAME   | Double R Water Distributors, Inc.               |
|----------------|-------------------------------------------------|
| Name of System | ADEQ Public Water System Number (if applicable) |

## WATER COMPANY PLANT DESCRIPTION

#### **WELLS**

| ADWR ID<br>Number* | Pump<br>Horsepower | Pump Yield<br>(gpm) | Casing<br>Depth<br>(Feet) | Casing<br>Diameter<br>(Inches) | Meter Size<br>(inches) | Year<br>Drilled |
|--------------------|--------------------|---------------------|---------------------------|--------------------------------|------------------------|-----------------|
| 536616             | 10                 | 63                  | 550                       | 5                              | 2"                     | 1992            |
|                    |                    |                     |                           |                                |                        |                 |
|                    |                    |                     |                           |                                |                        |                 |
|                    |                    |                     |                           |                                |                        |                 |
|                    |                    |                     |                           |                                |                        |                 |
|                    |                    | X1                  |                           |                                |                        |                 |

<sup>\*</sup> Arizona Department of Water Resources Identification Number

#### **OTHER WATER SOURCES**

| Name or Description | Capacity (gpm) | Gallons Purchased or Obtained (in thousands) |
|---------------------|----------------|----------------------------------------------|
|                     |                |                                              |
|                     |                |                                              |

| BOOSTER PUMPS |          | FIRE HYDRANTS     |                |
|---------------|----------|-------------------|----------------|
| Horsepower    | Quantity | Quantity Standard | Quantity Other |
|               |          |                   |                |
|               |          |                   |                |
|               |          |                   |                |
|               |          |                   |                |
|               |          |                   |                |

| STORAGE TANKS |          | PRESSURE TANKS |          |
|---------------|----------|----------------|----------|
| Capacity      | Quantity | Capacity       | Quantity |
|               |          |                |          |
|               |          |                |          |
|               |          |                |          |
|               |          |                |          |

Note: If you are filing for more than one system, please provide separate sheets for each system.

| CCMPANY NAME   | Double ? Water Distributors, Inc.               |
|----------------|-------------------------------------------------|
| Name of System | ADEQ Public Water System Number (if applicable) |

## WATER COMPANY PLANT DESCRIPTION (CONTINUED)

| MAINS            |          |                  |
|------------------|----------|------------------|
| Size (in inches) | Material | Length (in feet) |
| 2                |          |                  |
| 3                |          |                  |
| 4                |          |                  |
| 5                |          |                  |
| 6                |          |                  |
| 8                |          |                  |
| 10               |          |                  |
| 12               |          |                  |
|                  |          |                  |
|                  |          |                  |
|                  |          |                  |
|                  |          |                  |
|                  |          |                  |

#### **CUSTOMER METERS**

| Size (in inches)                  | Quantity                                |
|-----------------------------------|-----------------------------------------|
| 5/8 X <sup>3</sup> / <sub>4</sub> |                                         |
| 3/4                               |                                         |
| 1                                 | -                                       |
| 1 1/2                             |                                         |
| 2                                 |                                         |
| Comp. 3                           |                                         |
| Turbo 3                           |                                         |
| Comp. 4                           |                                         |
| Tubo 4                            |                                         |
| Comp. 6                           | , , , , , , , , , , , , , , , , , , , , |
| Tubo 6                            |                                         |
|                                   |                                         |
|                                   |                                         |

| For the following three items, list the utility owned assets in each category for each system. |  |  |
|------------------------------------------------------------------------------------------------|--|--|
| TREATMENT EQUIPMENT:                                                                           |  |  |
|                                                                                                |  |  |
|                                                                                                |  |  |
|                                                                                                |  |  |
| STRUCTURES:                                                                                    |  |  |
|                                                                                                |  |  |
|                                                                                                |  |  |
|                                                                                                |  |  |
| OTHER:<br>45 KV Generator                                                                      |  |  |
|                                                                                                |  |  |
|                                                                                                |  |  |
|                                                                                                |  |  |

Note: If you are filing for more than one system, please provide separate sheets for each system.

| COMPANY NAME:  | Double R Water Distributors | Inc.                      |
|----------------|-----------------------------|---------------------------|
| Name of System | ADEQ Public Water Syste     | em Number (if applicable) |

## WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2006

| MONTH/YEAR | NUMBER OF<br>CUSTOMERS | GALLONS<br>SOLD<br>(Thousands) | GALLONS<br>PUMPED<br>(Thousands) | GALLONS PURCHASED (Thousands) |
|------------|------------------------|--------------------------------|----------------------------------|-------------------------------|
| JANUARY    |                        |                                |                                  |                               |
| FEBRUARY   |                        |                                |                                  |                               |
| MARCH      |                        |                                |                                  |                               |
| AFRIL      |                        |                                |                                  |                               |
| MAY        |                        |                                |                                  |                               |
| JUNE       |                        |                                |                                  |                               |
| JULY       |                        |                                |                                  |                               |
| AUGUST     |                        |                                |                                  |                               |
| SEPTEMBER  |                        |                                |                                  |                               |
| OCTOBER    |                        |                                |                                  |                               |
| NOVEMBER   |                        |                                |                                  |                               |
| DECEMBER   |                        |                                | -                                |                               |
|            | TOTALS →               |                                |                                  |                               |

|                         | arsenic for each well on your system? O.OZ mg/l lease list each separately.)         |           |
|-------------------------|--------------------------------------------------------------------------------------|-----------|
| If system has fire l    | drants, what is the fire flow requirement? \(\sigma \infty \) GPM for \(\frac{2}{}\) | _hrs      |
| If system has chlor     | nation treatment, does this treatment system chlorinate conti                        | inuously? |
| ( ) Yes                 | ( ) No                                                                               |           |
| Is the Water Utilit     | located in an ADWR Active Management Area (AMA)?                                     |           |
| ( ) Yes                 | (X) No                                                                               |           |
| Does the Company        | nave an ADWR Gallons Per Capita Per Day (GPCPD) requi                                | rement?   |
| ( ) Yes                 | (X) No                                                                               |           |
| If yes, provide the     | PCPD amount: $V/A$                                                                   |           |
| Note: If you are filing | or more than one system, please provide separate data sheets for each syst           | tem.      |

## COMPANY NAME Double R Water Distributors, Inc. YEAR ENDING 12/31/2006

## **PROPERTY TAXES**

| Amount of actual property taxes paid during Calendar Year 2006 was: \$ 96.18                                                                                                                             |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Attach to this annual report proof (e.g. property tax bills stamped "paid in full" or copies of cancelled checks for property tax payments) of any and all property taxes paid during the calendar year. |  |  |
| If no property taxes paid, explain why                                                                                                                                                                   |  |  |
|                                                                                                                                                                                                          |  |  |
|                                                                                                                                                                                                          |  |  |
|                                                                                                                                                                                                          |  |  |
|                                                                                                                                                                                                          |  |  |
|                                                                                                                                                                                                          |  |  |
|                                                                                                                                                                                                          |  |  |
|                                                                                                                                                                                                          |  |  |
|                                                                                                                                                                                                          |  |  |
|                                                                                                                                                                                                          |  |  |
|                                                                                                                                                                                                          |  |  |
|                                                                                                                                                                                                          |  |  |
|                                                                                                                                                                                                          |  |  |



-Horizon Community Bank

| 1515 N. LAKE HANASU AND 4100 CHC 86404                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <del>~~~~</del>          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| DOUBLE R WATER DISTRIBUTORS, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1054                     |
| UNE HAVASI CRITY, AZ 86004<br>978-153-8513<br>DATE / 8 L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 7 91.03430221<br>10.±0/- |
| PAN TOTHE TO A ALLE COLUMN COL | \$ 0/ 18                 |
| The standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DOLLARS 🗗 🚟              |
| HCB 25% Libb Horeus Avenus Libb Horeus City RZ 65403                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |
| 1 Territor Consciourity Bank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |
| #001054# #122105935G #0101004752#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | .a. apooooo              |
| less in the same control of the cont |                          |

Check 1054 Date 10/5/2006 Amount\$96.18



Check 1054 Back



Check 1057 Date 10/30/2006 Amount\$599.95



Check 1057 Back

Date: 10/31/2006 Page: 2 of 2 Primary Account: 101004752

# VERIFICATION AND SWORN STATEMENT Taxes

4PI, 2 (6 2007)

12 CORP COMM

Director Utilities

| $\mathbf{V}$ | ۲٦ | n | ΥY | er. |   | A | an: | r | n | •  | 1 |
|--------------|----|---|----|-----|---|---|-----|---|---|----|---|
| v            | t. | к | ıı | •   | L | А | . 1 | I |   | T. | ٧ |

| STATE OF Arizona   | COUNTY OF (COUNTY NAME)  Mohave   |
|--------------------|-----------------------------------|
|                    | NAME (OWNER OR OFFICIAL) TITLE    |
| I, THE UNDERSIGNED | Todd R. Bremner                   |
| -,                 | COMPANY NAME                      |
| OF THE             | Double R Water Distributors, Inc. |

DO SAY THAT THIS ANNUAL UTILITY PROPERTY TAX AND SALES TAX REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

| MONTH | DAY | YEAR |
|-------|-----|------|
| 12    | 31  | 2006 |

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

#### **SWORN STATEMENT**

I HEREBY ATTEST THAT ALL PROPERTY TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

I HEREBY ATTEST THAT ALL SALES TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

SIGNATURE OF OWNER OR OFFICIAL

928 - 854 - 8800

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS 20th

DAY OF April

COUNTY NAME M Charle

TELEPHONE NUMBER

MONTH

.20\_07

Notary Public State of Arizona Mohave County Juliana Williams (SEAL)

Expires June 06, 2007

MY COMMISSION EXPIRES TORE 6, 200

SIGNATURE OF NOTARY PUBLIC

#### **INCOME TAXES**

| For this reporting period, provide the following:                        |             |
|--------------------------------------------------------------------------|-------------|
| Federal Taxable Income Reported                                          | 0           |
| Estimated or Actual Federal Tax Liability                                | U           |
| State Taxable Income Reported                                            | 0           |
| Estimated or Actual State Tax Liability                                  | 45          |
| Amount of Grossed-Up Contributions/Advances:                             |             |
| Amount of Contributions/Advances                                         |             |
| Amount of Gross-Up Tax Collected Total Grossed-Up Contributions/Advances | 0           |
| Total Glossed of Collaborations, Indianates                              | <del></del> |

Decision No. 55774 states, in part, that the utility will refund any excess gross-up funds collected at the close of the tax year when tax returns are completed. Pursuant to this Decision, if gross-up tax refunds are due to any Payer or if any gross-up tax refunds have already been made, attach the following information by Payer: name and amount of contribution/advance, the amount of gross-up tax collected, the amount of refund due to each Payer, and the date the Utility expects to make or has made the refund to the Payer.

#### CERTIFICATION

The undersigned hereby certifies that the Utility has refunded to Payers all gross-up tax refunds reported in the prior year's annual report. This certification is to be signed by the President or Chief Executive Officer, if a corporation; the managing general partner, if a partnership; the managing member, if a limited liability company or the sole proprietor, if a sole proprietorship.

| Toel R. Bu      | 4/20/07 |
|-----------------|---------|
| SIGNATURE       | DATE    |
|                 | _       |
| Todd R. Bremner | V.P.    |
| PRINTED NAME    | TITLE   |

# **VERIFICATION** AND

| i de la companya de l | <u></u> |   |   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---|---|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1.00    | n | A |  |

| SWORN STATEMENT                                                                                                                                                                                                                                                              |                                                            |                                                                     |                                            |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                                                                                                                                                                                                                                                                              | <u>Intrast</u>                                             | ate Revenues Only                                                   |                                            |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| VERIFICATION                                                                                                                                                                                                                                                                 |                                                            |                                                                     |                                            |                                    | and the second of the second o |  |
| STEATER OF A '-                                                                                                                                                                                                                                                              | COUNTY OF (COUNT                                           | YNAME) Mohave                                                       |                                            |                                    | COMIV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| STATE OF Arizona                                                                                                                                                                                                                                                             | NAME (OWNER OR O                                           |                                                                     |                                            | <u>i santaga</u>                   | Utilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| I, THE UNDERSIGNED                                                                                                                                                                                                                                                           |                                                            | R. Brenner                                                          |                                            |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 67. m                                                                                                                                                                                                                                                                        | COMPANY NAME                                               |                                                                     | ١                                          | ,                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| OF THE                                                                                                                                                                                                                                                                       | Double                                                     | R Water Distr                                                       | nbutors                                    | s, INC.                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| DO SAY THAT THIS ANNUAL                                                                                                                                                                                                                                                      | UTILITY REPOR                                              | RT TO THE ARIZON                                                    | A CORPOR                                   | RATION CO                          | MMISSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| FOR THE YEAR ENDING                                                                                                                                                                                                                                                          | MONTH 12                                                   | DAY<br>31                                                           | year<br>2006                               |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| HAS BEEN PREPAIR PAPERS AND RECOUNTHE SAME, AND STATEMENT OF BUTCHES TO THE SET FORTH, TO THE                                                                                                                                                                                | RDS OF SAID<br>DECLARE THE<br>USINESS AND<br>REPORT IN RES | UTILITY; THAT I<br>E SAME TO BE<br>AFFAIRS OF SA<br>SPECT TO EACH A | I HAVE C<br>A COMI<br>ID UTILI<br>AND EVER | CAREFULL PLETE AN ITY FOR RY MATTE | Y EXAMINED TO CORRECT THE PERIOD R AND THING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| SWORN STATEMENT                                                                                                                                                                                                                                                              |                                                            |                                                                     |                                            |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| IN ACCORDANCE W<br>401, ARIZONA REV<br>OPERATING REVEN<br>UTILITY OPERATIO                                                                                                                                                                                                   | ISED STATUTE<br>NUE OF SAID U                              | ES, IT IS HEREIN<br>UTILITY DERIVEI<br>LENDAR YEAR 20               | REPORT<br>D FROM<br>06 WAS:                | TED THAT<br>ARIZONA                | THE GROSS<br>INTRASTATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
|                                                                                                                                                                                                                                                                              |                                                            | Arizona Intrastate Gros                                             | s Operating R                              | evenues Only (\$                   | 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                              |                                                            | \$                                                                  | Ò                                          |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| •                                                                                                                                                                                                                                                                            |                                                            |                                                                     |                                            |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                                                                                                                                                                                                                              |                                                            | (THE AMOUNT II                                                      | N BOX AB                                   | OVE                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                                                                                                                                                                                                                              |                                                            | INCLUDES \$                                                         |                                            |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                                                                                                                                                                                                                              |                                                            | IN SALES TAXES                                                      | BILLED,                                    | OR COLLE                           | ECTED)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| **REVENUE REPORTED ON THIS P<br>INCLUDE SALES TAXES BILLED<br>COLLECTED. IF FOR ANY OTHER<br>THE REVENUE REPORTED ABOVE<br>AGREE WITH TOTAL OPERATIN<br>ELSEWHERE REPORTED, ATTAC<br>STATEMENTS THAT RECONCILE<br>DIFFERENCE. (EXPLAIN IN DETA<br>SUBSCRIBED AND SWORN TO BE | OR R REASON, TE DOES NOT G REVENUES TH THOSE THE LIL       | 928-854-                                                            | OWNER OR OFFICE  - 8800  ONE NUMBER        | IAL .                              | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| A NOTARY PUBLIC IN AND FOR                                                                                                                                                                                                                                                   | THE COUNTY OF                                              | COUNTY NAME AND                                                     | 0                                          |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| A NOTARY PUBLIC IN AND FOR                                                                                                                                                                                                                                                   | THE COUNTY OF                                              | 7760                                                                | leave                                      | -                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| THIS Notary Public State of Arizona                                                                                                                                                                                                                                          | DAY OF                                                     | MONTH 4                                                             | ,20                                        | <u>0</u> )                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Mohave County  Juliana Williams                                                                                                                                                                                                                                              |                                                            |                                                                     | 1.0                                        |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Expires June 06, 2007                                                                                                                                                                                                                                                        |                                                            | THE ALLES                                                           | (1)r0                                      | Olmada A.                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                                                                                                                                                                                                                              | 1 200                                                      | SIGNATURE OF N                                                      | OTARY PUBLIC                               | www.                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| MY COMMISSION EXPIRES                                                                                                                                                                                                                                                        | te G, DW1                                                  | - ()                                                                |                                            |                                    | 16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |

#### VERIFICATION AND SWORN STATEMENT RESIDENTIAL REVENUE **Intrastate Revenues Only**

PECEIVEO

186 2 3 2007

VERIFICATION

W CORP COMM Mirector I Hillition

|                    |                                       | Self of thirds |
|--------------------|---------------------------------------|----------------|
| STATE OF ARIZONA   | county of (COUNTY NAME) Mohave        |                |
| I, THE UNDERSIGNED | NAME (OWNER OR OFFICIAL)              | TITLE V.P.     |
| OF THE             | COMPANY NAME Louble R Water Pistribut | rors, Inc.     |

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

MONTH DAY YEAR FOR THE YEAR ENDING 12 31 2006

> HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

#### SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401.01. ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS RECEIVED FROM RESIDENTIAL CUSTOMERS DURING CALENDAR YEAR 2006 WAS:

| ARIZONA INTRASTATE GROSS OPERATING REVEN                             | INCLUD             | OUNT IN BOX AT LEFT ES \$   S TAXES BILLED, OR COI | LECTED) |
|----------------------------------------------------------------------|--------------------|----------------------------------------------------|---------|
| *RESIDENTIAL REVENUE REPORTED OF<br>MUST INCLUDE SALES TAXES BILLED. |                    | SIGNATURE OF OWNER OR OFFICIAL                     |         |
|                                                                      | _9                 | 728-854-8800<br>TELEPHONE NUMBER                   |         |
| SUBSCRIBED AND SWORN TO                                              | BEFORE ME          | NOTARY PUBLIC NAME JULICANA WILL                   | ams     |
| A NOTARY PUBLIC IN AND FO                                            | COUNTY NAME MONOLE | e.                                                 |         |
| THIS 20 <sup>Th</sup>                                                | DAYOF              | MONTH 4                                            | .2007   |

DAY OF



THIS